

MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.
1						51	
2						52	
3						53	
4						54	
5						55	
6						56	
7						57	
8						58	
9						59	
10						60	
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13						63	
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40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL						TOTAL	
IND.						IND.	
DEF.						DEF.	
TOTAL						TOTAL	
IND.						IND.	
DEF.						DEF.	
TOTAL						TOTAL	
IND.						IND.	
DEF.						DEF.	
TOTAL						TOTAL	

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